ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Deaconess Hospital

City: Evansville County: Vanderburgh Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	26	2,775	6,782	\$4,411
ICU Med/Surg	24	2,883	6,405	\$3,487
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	218	8,739	60,348	\$4,397
Neonatal Intermed	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	30	376	1,342	\$1,924

Psychiatric	10	769	3,460	\$3,329
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	2,287	NA
Acute Subtotal	308	15,542	80,624	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits				
Circulatory System	16,249	Digestive System	9,445	
Endocrine System	22,165	Injuries and Poison	16,805	
Mental Disorder	4,375	Musculoskeletal	21,321	
Neoplasms	8,058	Nervous	6,024	
Respiratory	10,323	Urinary	13,343	
Other/Unknown	130,317	Total Visits	258,425	
Number of Visits to Emer	55,834			
Percent of Emergency Department Visits of Total Visits			21.6%	

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis
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Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	Y - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

Health Care Regulatory Services

2004 Hospital Services Main Page